

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019626

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WINDOW PATH LC

**Current Principal Place of Business:**

2854 COASTAL HWY  
# 8  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

2854 COASTAL HWY  
# 8  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

2854 COASTAL HWY  
#8  
ST. AUGUSTINE, FL 32084

FEI Number: 20-0034312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAY, SHEILA  
2854 COASTAL HWY  
# 8  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FAY, SHEILA  
Address: 2854 COASTAL HWY #8  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: LAYMAN, STACY  
Address: 13 FRANCISCAN WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: LAYMAN, STACY  
Address: 2854 COASTAL HWY. #1  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHEILA FAY

MGRM

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date